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APPLICANTS

Eileen Morris, Irvine, CA;

Renee Faggen, Radnor, PA;

Spencer Morris, Irvine, CA;

** CONTINUING DATA ***** *FF NONE*

** FOREIGN APPLICATIONS ***** *FF NONE*

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>EF</i> Initials				

ADDRESS

23307
 SYNNESTVEDT & LECHNER, LLP
 2600 ARAMARK TOWER
 1101 MARKET STREET
 PHILADELPHIA , PA
 191072950

TITLE

Facial feature assembly

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)

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